

Entry Blank—Please Type or Print

- MRS.*  
☐ Ms./Artist  
☐ Mr./Artist

*KRINA SLATER*

(last name last)

Permanent

Address

*24782 DOE DRIVE, N. OLMSTED*

Street

City

*44070*

Zip

Daytime Tel. ( *216* ) *734-6461*

area

Temporary or

Studio Address

Street

City

Daytime Tel. ( *216* ) *779-5840*

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

*Krina K. Slater*  
*Krina K. Slater*

I have received the unsold/unaccepted object(s) in good condition.

Signature

*[Signature]*

*9/18/93*

# Entry Blanks

## A

Specify category:

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☒ Photography

Materials used (media):

CIBACHROME

Title

NOCTURNAL REFLECTIONS #1

Price or NFS

\$150

Insurance Value  
if NFS Only

Size

8 x 10  
height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

20 (3)

6 11A ph

ACCEPTED

X

NOT ACCEPTED

## B

Specify category:

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☒ Photography

Materials used (media):

CIBACHROME

Title

SHADOWS

Price or NFS

\$150

Insurance Value  
If NFS Only

Size

8 x 10  
height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

NOT ACCEPTED

X

DO NOT WRITE  
IN THIS SECTION

6 12A ph

ACCEPTED

NOT ACCEPTED

REC'D

DATE

5/6

Detach entire portion along dotted line and submit with slides, but retain tags